Community-Based Organizations' Changes in Preparedness and Resources for Support of Biomedical HIV Prevention

0920-New

Section B: Supporting Statement

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EXHIBITS

1. Respondent Universe and Sampling Methods

Target Population

The purpose of this study is to assess current capacity and provision of nPEP, PrEP, and TasP among Community-Based Organizations (CBOs) providing HIV services to populations with increased risk for HIV acquisition. In addition, the results of this survey will be compared to the results of a 2015 survey to assess differences in awareness, capacity, and provision of biomedical HIV prevention interventions.

Respondents will include executive level staff members or direct client service providers who will complete the survey on behalf of organizations engaged in HIV prevention and outreach. Up to 330 respondents (N=330; 175 funded CBOs and 155 unfunded CBOs) will be recruited to complete the survey.

Inclusion criteria:

Two sampling strata will be created:

A. Clinical and non-clinical CBOs directly funded by CDC

B. Unfunded CBO applications for CDC funding

Potential respondents will be contacted from a list of CBOs that completed the 2015 survey. In addition, CBOs that have received DHAP funding through PS15-1502 and PS17-1704 will also be contacted to determine their interest in participating in the data collection effort and to nominate a staff member to complete the survey.

2. Procedures for the Collection of Information

This project will employ a cross-sectional survey design. Executive level staff members of all CBOs within each of the two strata (mentioned above) will receive phone calls, using publicly available information, to elicit interest in participating in the survey. If the executive level staff member is not interested or is unable to complete the survey, he or she may nominate a direct client service provider and provide this person's email address to study staff. Potential respondents will be contacted from a list of CBOs that completed the 2015 survey. In addition, potential respondents from CBOs that received DHAP funding through PS15-1502 and PS17-1704 will also be contacted to determine their interest in participating in the data collection effort. Each organization's representative will be sent an email with a link to the survey website (created with Survey Monkey). One link will be used for CBOs directly funded by CDC. A separate link will be used for unfunded CBOs. The email will instruct the recipient on how to complete the survey.

Where possible, data from the 2015 survey will be combined with data from the 2020 survey. Analyses will include completeness (non-response rates per item) as well as frequency of item responses for awareness, intentions, and provision of PrEP, nPEP, and TasP will be assessed for all respondents combined. Frequency and differences in item responses will be analyzed for

relationship to CBO characteristics (e.g., clinic CBOs vs non-clinical). Frequency and differences in item responses will be analyzed across survey years. We will perform multivariable analysis as needed (to assess interactions between time and type of CBO).

3. Methods to Maximize Response Rates and Deal with No Response

Three email reminders will be sent to organizations for those that do not complete the survey. Email reminders will be sent two weeks, one month, and two months after the initial email if the potential respondent does not compete the survey.

4. Tests of Procedures or Methods to be Undertaken

A study team composed of CDC DHAP staff will lead the study design, data collection, analysis, and dissemination of survey results. The research team includes experts with experience conducting health services and epidemiologic research related to the provision of PrEP and evaluation with community-based organizations, including survey research designs. Follow-up communication with community-based organizations will occur following agency clearance approvals via telephone to assess interest and gather additional information to identify staff to participate.

5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

Exhibit 5.1 below lists the project team members who were consulted on the aspects of the evaluation design and those who will be collecting and analyzing the data. The CDC staff are primarily responsible for the design and implementation of the evaluation, the development of the protocol and data collection instruments for CDC review, collecting and analyzing data and presenting findings at meetings and in publications. All members of the DHAP team will work together to analyze the data and generate reports containing summaries of the findings.

Exhibit 5.1: Statistical Consultants and Individuals Collecting Data

Team Member	Organization
Jamal T. Jones	CDC/DHAP
Karen W. Hoover	CDC/DHAP
Dawn K. Smith	CDC/DHAP
Susan P. Danner	CDC/DHAP